



**TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF HEALTH LICENSURE AND REGULATION  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243  
[www.tn.gov/health](http://www.tn.gov/health)**

**BOARD OF EXAMINERS IN PSYCHOLOGY  
(Local) (615) 741-5735 or (Toll Free) (800) 778-4123 ext. 741-5735**

Dear Certified Psychological Assistant Applicant:

This packet contains information relative to obtaining a certification as a Certified Psychological Assistant.

The requirements for application are supported by Board rules and Tennessee Code Annotated Title 63, Chapter 11 which can be found at: <http://share.tn.gov/sos/rules/1180/1180.htm>. **PLEASE READ THE INSTRUCTIONS, STATUTE, AND RULES CAREFULLY PRIOR TO APPLYING.** Application fees are non-refundable and all documents submitted to the Board become part of your file and are not returnable or transferable.

Upon initial review of your application, if your application is incomplete or the supporting materials have not arrived in our office, a letter informing you of any deficiency will be sent to you. If your file is deficient on the Board's deadline date, then processing your application will be delayed until the next scheduled Board meeting. When the application is deemed administratively complete, you will be notified in writing. Please be aware that the review process cannot begin until your file is complete, i.e., all materials have been received.

The fees are as follows:

Application.....	\$175.00
Biennial Renewal Fee.....	\$ 75.00
Late Renewal Penalty.....	\$100.00
Certificate .....	\$150.00
Replacement Certificate Fee .....	\$ 25.00
State Regulatory Fee.....	\$ 10.00

**FEE:** A check or money order is to be made payable to the State of Tennessee in the amount indicated on the application. The fee amount being collected with the application includes the application fee (\$175), certificate fee (\$150), and state regulatory fee (\$10). Therefore, application for certification should include a check or money order for \$335.00. Additional fees may be required prior to issuance of your certificate.

**CERTIFICATE:** When your file is administratively complete, reviewed by the Board and approved, your certificate will be processed.

**OFFICE VISITS:** If it is necessary for you to come to the board office for any reason, an appointment should be scheduled to ensure that the person you need to see is available. You must allow a minimum of 10 working days for material mailed to be filed. You may view your file; however, the administrator cannot critique your file.

**NAME/ADDRESS CHANGE: It is the applicant's responsibility to keep the board notified whenever a change of name or mailing address occurs.** Such notification must be in writing and you must reference your profession and the board in your correspondence. A change of name request must be notarized and state the reason for the change (i.e., marriage, divorce, etc.).

Detailed directions for completing and submitting application and supporting materials are attached.

Every effort is made to keep you informed in writing of the status of your application and to process your application in a timely, efficient manner. Inquiries regarding the status of a file will be responded to in writing.

TO ENSURE TIMELY RECEIPT OF MATERIALS, ALL INFORMATION IS TO BE ADDRESSED AS FOLLOWS:

**BOARD OF EXAMINERS IN PSYCHOLOGY  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243**

**DIRECTIONS FOR APPLICATION FOR CERTIFICATION**

1. Application for certification should be made to the Board on the application form enclosed (any facsimile of this form must be fully concordant). The application shall be accompanied by a check or postal money order in an appropriate amount (\$335.00) payable to "State of Tennessee". Failure to complete all forms and provide all information required by the Board and by law shall cause an application to be denied by the Board and the file to be closed as set forth in the Rules. The Board may request information directly from various sources. An authorization shall appear on the application form.
2. The application for certification must have two (2) recent signed passport type photographs attached to the application.
3. The completed application for certified psychological assistant applicants shall include the forms for Evaluation of Graduate courses indicating the applicant's allocation of course credit to substantive and applied competency areas.
4. It is the applicant's responsibility to request that the institution(s) of higher education submit the transcript(s) of all graduate coursework directly to the Board office. The transcript(s) must show the highest degree(s) granted, coursework and credits and must carry the official seal of the institution. If the thesis or dissertation title is not indicated on the transcript, a copy of the title page must accompany the transcript.

If your final transcript showing your degree, date of graduation and doctoral research is not yet available but all requirements have been completed, you must have the Registrar submit a letter attesting to the date upon which you will graduate, affixed with the seal of the institution. A transcript showing coursework completed must be submitted also. A final transcript must be received before c can be granted.

Foreign trained applicants must send their transcripts to World Education Service, P.O. Box 745, Old Chelsea Station, New York, NY 10113-0745, (212) 966-6311 for assessment and their results must be mailed directly to the Board of Examiners in Psychology, 665 Mainstream Dr., Nashville, TN 37243. Supporting documents such as course descriptions, syllabi, thesis or dissertation summary must be supplied in order to determine equivalency of education training.

5. A Practicum Documentation form must be submitted.

6. The Board requires a minimum of three (3) letters of recommendation in addition to the practicum documentation. All letters of recommendation must contain a statement specifying the certified psychological assistant level. All letters of endorsement must be on original letterhead and **must be accompanied by the endorser form. Two (2) of the letters must be from psychologists, one of whom must be licensed with designation as a Health Service Provider. One psychologist can be a psychology faculty member who is not licensed. The third letter may be from a licensed psychologist or a licensed psychological examiner. Letters from school psychologists are not acceptable.**

It is the applicant's responsibility to request references from individuals who have personal knowledge of, and can attest to, the applicant's education, training and performance in the area(s) of competency at the level of certified psychological assistant. Letters lacking these requirements will not be acceptable.

All letters shall be current (attesting to current or recent work), original letters on professional letterhead written specifically for this application and mailed directly to the Board by the person providing the information. Such letters are valid for one year from date of receipt. Additional inquiries may be initiated by the Board as it may require.

7. All applicants are required to fill out the Declaration of Citizenship form and have it notarized and sent with proper identification. If you have sent a birth certificate with your application, this will suffice. The Declaration of Citizenship form can be found at: <http://tn.gov/assets/entities/health/attachments/PH-4183.pdf>.

## CHECKLIST:

### SENT BY YOU:

- \_\_\_\_\_ Application signed and notarized
- \_\_\_\_\_ Two (2) recent signed passport type photographs
- \_\_\_\_\_ Fee for application \$175.00 (non-refundable)
- \_\_\_\_\_ Fee for initial certificate (\$150.00)
- \_\_\_\_\_ State Regulatory Fee (\$10.00) (non-refundable)
- \_\_\_\_\_ Coursework Forms completed
- \_\_\_\_\_ Proof of citizenship/copy of birth certificate (original or certified).
- \_\_\_\_\_ Criminal Background Check. For instructions on how to obtain a criminal background check go to <http://tn.gov/health/topic/CBC-check>
- \_\_\_\_\_ Declaration of Citizenship form – signed and notarized. Form can be found at: <http://tn.gov/assets/entities/health/attachments/PH-4183.pdf>

### REQUESTED BY YOU:

- \_\_\_\_\_ Transcripts requested must:
  1. Be submitted directly from institution to Board office;
  2. Show highest degree(s) granted and coursework and credits;
  3. Have official seal of the institution.
- \_\_\_\_\_ Three (3) letters of recommendation must be:
  1. Accompanied by Licensure Endorsement Form;
  2. Current (valid for one year), original and on letterhead;
  3. Mailed directly from source to Board.
  4. Certified Psychological Assistant level - Two (2) of three (3) letters must be from psychologists; one must be a licensed psychologist with designation as health services provider; letters from school psychologists are not acceptable.



**TENNESSEE DEPARTMENT OF HEALTH**  
**OFFICE OF HEALTH LICENSURE AND REGULATION**  
**665 MAINSTREAM DRIVE**  
**NASHVILLE, TN 37243**  
[www.tn.gov/health](http://www.tn.gov/health)

1420-001 - \$ 175.00  
1420-001 - \$ 150.00  
1420-006 - \$ 10.00  
\$ 335.00

**NAME** \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

**CURRENT HOME MAILING ADDRESS:**

**CURRENT PRACTICE NAME & ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If you have no practice address, notify the Board of your practice address within 30 days of obtaining a practice address. If you have multiple practice address, please attach an additional page listing all practice addresses.

**HOME PHONE** \_\_\_\_\_ **PRACTICE PHONE** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

Do you wish to receive notifications, including renewal notification, from the Department of Health via email? Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office. ☐ **Yes** ☐ **No**

**Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Race:** \_\_\_\_\_ **Gender:** Female ☐ Male ☐ **U.S. Citizen:** Yes ☐ No ☐  
**All applicants must complete the Declaration of Citizenship form and have it notarized.**

**Entitled to Live and Work in the U.S.** Yes ☐ No ☐ (MUST check one)

**Are you** a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (If yes, please provide proof of status.) **Yes** ☐ **No** ☐

**Are you** the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, please provide proof of same.) **Yes** ☐ **No** ☐

**Have you** ever been known by any other names besides what is listed above? **Yes** ☐ **No** ☐

If yes, please state in full every other name by which you have been known, the reason therefore, and inclusive dates so known:

\_\_\_\_\_  
\_\_\_\_\_

## COMPETENCY INFORMATION

**PLEASE ANSWER THE FOLLOWING QUESTIONS.** If you answer “yes” to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. **IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION.** Additional information may be requested and/or required before a licensure decision may be made.

For the purposes of these questions, the following phrases or words have the following meanings:

1. **“Ability to practice your profession”** is to be construed to include all of the following:
  - a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;
  - b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
  - c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **“Medical Condition”** includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. **“Minor Traffic Offense”** generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
4. **“Chemical substances”** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
5. **“Currently”** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
6. **“Illegal use of illicit or controlled substances”** means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the affirmative, attach an explanation on a separate sheet. In support of your explanation, the final documents or orders from the issuing states, courts, or agencies must be submitted along with this application.

	YES	NO
(1) Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated because of ongoing treatment or monitoring, or the field of practice, the setting, or the manner in which you have chosen to practice?	_____	_____
(2) Do you currently use any chemical substances with in any way impair or limit your ability practice your profession with reasonable skill and safety? If so, please list: _____	_____	_____
<i>[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.]</i>		
(3) At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?	_____	_____
(4) Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances?	_____	_____
(5) Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?	_____	_____
(6) Have ever held or applied for a license or certificate to practice professional counseling in any state, country, or province, that had been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
(7) Have you ever held staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, or otherwise disciplined or voluntarily surrendered under threat of restriction or disciplinary action?	_____	_____
(8) Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, otherwise disciplined, or voluntarily under threat of investigation or disciplinary action?	_____	_____
(10) Have you ever been rejected or censured by a professional association?	_____	_____
(11) In relation to the performance of your professional services in any profession:  Have you ever had a final judgment rendered <u>against</u> you; Have you ever had settlement of any legal action rendered <u>against</u> you; or Are there any legal actions pending <u>against</u> you or to which you are a party?	_____ _____ _____	_____ _____ _____
(12) Have ever held a license or certificate in any health care profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

- (13) My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state).

LETTERS OF RECOMMENDATION:

Full Name	Present Office or Home Address	State	License #	Specialty
-----------	--------------------------------	-------	-----------	-----------

---

---

---

GRADUATE EDUCATION:

Name & Location of School and Department: \_\_\_\_\_

Regional Agency of the Council on Post-Secondary Accreditation approved? ☐ Yes ☐ No

American Psychological Association Approved? \_\_\_\_\_Yes \_\_\_\_\_No

Dates of attendance: From \_\_\_\_\_ to \_\_\_\_\_  
(month/year) (month/year)

Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Major Professor: \_\_\_\_\_

(If you attended more than one graduate program in psychology, copy this page and supply the information on each graduate institution.)

## PRACTICUM:

Including masters level "internships" in Psychology; do not include "practicum laboratory" work connected with academic courses:

Graduate Program &amp; School \_\_\_\_\_

[illegible]

# of Graduate Semester Hours Credit

Academic Year

Semester or Quarter

Practicum site name



Type of institution or establishment \_\_\_\_\_

Practicum site address \_\_\_\_\_

Name of responsible Clinical Supervisor \_\_\_\_\_

Supervisor's position \_\_\_\_\_

Licensed Psychologist \_\_\_\_ Yes \_\_\_\_ No      Health Services Provider \_\_\_\_ Yes \_\_\_\_ No

Name of On-Site Clinical Supervisor \_\_\_\_\_

(if different from above)

Licensed Psychologist - Health Services Provider \_\_\_\_\_

Licensed Psychological Examiner \_\_\_\_\_

Title of your position \_\_\_\_\_

Hours of work per week \_\_\_\_\_

Dates (from/to - month/year) \_\_\_\_\_

Number of client contact hours and types of clients seen:  
(Adult \_\_\_\_, Child \_\_\_\_, Adolescent \_\_\_\_, Couples \_\_\_\_, Families \_\_\_\_, Groups \_\_\_\_)

Types of services rendered \_\_\_\_\_

Names and number of cognitive testing \_\_\_\_\_

Names and number of personality testing \_\_\_\_\_

Other tests administered and/or interpreted \_\_\_\_\_

Number of interview based assessments \_\_\_\_\_

Types of interventions \_\_\_\_\_

What didactic courses in formal psychological testing/assessment and psychological intervention did you take prior to beginning the practicum in psychological assessment and intervention which prepared you to apply under supervision these assessment techniques and interventions? List course title and #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMPLOYMENT

List all positions in which you provided psychological services. Begin with your recent position and go backwards. Add more sheets if necessary.

- a) Employer \_\_\_\_\_
- b) Type of institution or establishment \_\_\_\_\_
- c) Full Address \_\_\_\_\_
- d) Name of immediate supervisor \_\_\_\_\_
- e) Supervisor's position \_\_\_\_\_

f) Supervisor's licensure status	_____
g) Title of your position	_____
h) Hours of work per week	_____
i) Dates of employment	From _____ To _____
j) Your duties	_____
	_____
	_____

k) Percentage of time spent in:	
Direct services to clients	_____ Administration _____
Teaching	_____ Research and Writing _____

a) Former Employer	_____
b) Type of institution or establishment	_____
c) Full Address	_____
d) Name of immediate supervisor	_____
e) Supervisor's position	_____
f) Supervisor's licensure status	_____
g) Title of your position	_____
h) Hours of work per week	_____
i) Dates of employment	From _____ To _____
j) Your duties	_____
	_____
	_____

k) Percentage of time spent in:	
Direct services to clients	_____ Administration _____
Teaching	_____ Research and Writing _____

## AFFIDAVIT OF APPLICANT

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (City, State)

being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a psychologist in the State of Tennessee.

### **I HEREBY:**

**SIGNIFY** my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

**RELEASE** to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a psychologist.

**AUTHORIZE** the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

**RELEASE** from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification.

**ACKNOWLEDGE** that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

**AUTHORIZE** release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

**This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.**

**THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION  
IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

## Graduate Course Evaluation (Instructions)

### (TYPE ALL INFORMATION)

These forms are to assist you and the Board of Examiners in Psychology in the evaluation and allocation of your graduate courses to determine whether your academic preparation meets the course requirements for certification as a certified psychological assistant in Tennessee. Complete course titles and catalogue course descriptions are needed to supplement the ambiguous abbreviations which appear on academic transcripts.

1. Certification as a certified psychological assistant requires two (2) years of graduate training in Psychology including a master's degree based on a minimum of 33 semester hours of graduate didactic courses exclusive of credit for research, field experience or practicum.
2. Individual studies, correspondence courses, independent studies, thesis and dissertation hours, practice and internship hours shall not count towards educational requirements for licensure.
3. Graduate students currently enrolled in an approved doctoral program in Psychology but who have not earned the master's degree enroute and can document 33 graduate semester hours in Psychology in lieu of the master's degree may be considered.
4. The Graduate Psychology Training program must include a minimum of nine (9) graduate semester hours in the basic substantive areas of psychology and at least three (3) substantive areas must be represented. Substantial areas of psychology are:
  - a) Biological Bases of Behavior - Physiological psychology, comparative psychology, sensation and perception, neuropsychology, psychopharmacology.
  - b) Cognitive-affective bases of Behavior - Learning, cognition, motivation, emotion.
  - c) Social bases of Behavior - Social psychology, group process theory, organizational and systems theory.
  - d) Individual differences - Personality theory, human development, gender rolls, cross-cultural bases for behavior.
  - e) Research skills in psychology statistics, - Experimental, research design, psychometric theory, history and systems.
  - f) Ethics- Required
5. In addition to but not included in the substantive courses, a minimum of 21 graduate didactic semester hours must be related to psychological assessment and intervention and must include at least six (6) semester hours of coursework in formal psychological assessment/testing and six (6) semester hours of course work in psychological intervention. These semester hours must be in addition to and separate from the required practicum credit. Such courses would include abnormal psychology or psychopathology (required), individual, group or family psychotherapy or behavior therapy, assessment of learning disorders, cognitive or neuropsychological assessment, behavioral assessments, developmental disorders. Abnormal psychology and/or psychopathology, formal cognitive/intellectual assessment, and formal personality testing are required.
6. A course may be applied only once and in only one area (i.e., one course cannot be counted for more than one substantive area and cannot be counted both as an assessment and/or intervention course and/or a substantive course).
7. Applicants for certification as a Certified psychological assistant are required to complete at least one on-site formal supervised practicum for graduate credit in psychological assessment and intervention. This practicum experience must be listed on the application and verified by the practicum supervisor on the Practicum Documentation Form.
8. Applicants shall provide photocopies of course descriptions and program description.

## Graduate Course Evaluation (Part 1)

**TO BE COMPLETED ONLY BY APPLICANTS FOR CERTIFICATION AS A CERTIFIED  
PSYCHOLOGICAL ASSISTANT.**

**NOTE: IF YOU WILL NEED MORE THAN ONE PAGE, MAKE COPIES BEFORE COMPLETING THIS  
FORM.**

FOR COURSE EVALUATION OF SUBSTANTIVE AREAS, ATTACH COPIES OF CATALOG COURSE  
DESCRIPTION FOR ALL COURSES LISTED.

**NAME:** \_\_\_\_\_

**PLEASE TYPE ALL INFORMATION**

Substantive Area	University	Year	Course Dept. & Number	Course Title	Semester Credit Hours Convert qtr. hours to semester hours. (3 qtr. hrs. = 2 semester hrs.)
Ethics					
Statistics/ Research Design					
Biological Bases					
Cognitive					
Social Bases					
Individual Differences					

## Graduate Course Evaluation (Part 2)

**TO BE COMPLETED ONLY BY APPLICANTS FOR CERTIFICATION AS A CERTIFIED  
PSYCHOLOGICAL ASSISTANT.**

**NOTE: IF YOU WILL NEED MORE THAN ONE PAGE, MAKE COPIES BEFORE COMPLETING THIS  
FORM.**

FOR COURSE EVALUATION OF COMPETENCY/APPLIED AREAS, ATTACH COPIES OF CATALOG  
COURSE DESCRIPTION FOR ALL COURSES LISTED.

**NAME:** \_\_\_\_\_

**PLEASE TYPE ALL INFORMATION**

	University	Year	Course Dept. & Number	Course Title	Semester Credit Hours Convert qtr. hours to semester hours (3 qtr. hrs. = 2 semester hrs.)
Cognitive Testing					
Personality Testing					
Psycho-pathology					
Behavioral Assessment					
Group, Couples, Family					
Individual Intervention					
Other					

## PRACTICUM DOCUMENTATION FORM

The Board makes no distinction among graduate level pre-doctoral psychology practice, however titled (e.g., master's or doctoral level psychology practicum, master's level psychology internship).

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee State Board of Examiners in Psychology. Your early attention is appreciated.

Applicant's Signature: \_\_\_\_\_

Applicant's Name (Print): \_\_\_\_\_

Complete a separate form for each practicum course taken.

Practicum Course # and Title	# Graduate Semester Hours Credit
Semester or Quarter	Academic Year

Site: \_\_\_\_\_

On-Site Supervisor: \_\_\_\_\_

License Status and #: \_\_\_\_\_

Health Services Provider Designation: \_\_\_\_\_ Yes \_\_\_\_\_ No

Licensed Psychologist with designation as HSP responsible for practicum if different from on-site supervisor: \_\_\_\_\_

Please Print	License #
--------------	-----------

1. TESTING AND ASSESSMENT:

a. Hours of psychological testing:

Cognitive: \_\_\_\_\_ Personality: \_\_\_\_\_

b. Hours of interview/observation-based assessment: \_\_\_\_\_

TOTAL HOURS OF DIRECT SERVICE: \_\_\_\_\_

2. SUPERVISION:

a. Number of actual hours spent in one-on-one, face-to-face supervision with licensed psychologist designated as a Health Services Provider: \_\_\_\_\_

b. Number of actual hours in one-on-one face-to-face supervision with on-site supervisor if different from above: \_\_\_\_\_

c. Number of hours spent in group supervision, case conference, team meetings, co therapy, or having reports/tapes reviewed by supervisor: \_\_\_\_\_

TOTAL HOURS OF SUPERVISION: \_\_\_\_\_ TOTAL PRACTICUM HOURS: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ HSP: \_\_\_\_\_ YES \_\_\_\_\_ NO

Psychology License #: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

## Tennessee Board of Examiners in Psychology Certification Endorsement

Date of Endorsement: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Endorser's Name: \_\_\_\_\_

Endorsers License # and State: \_\_\_\_\_

Active? \_\_\_\_\_ Yes \_\_\_\_\_ No

Health Services Provider Designation? \_\_\_\_\_ Yes \_\_\_\_\_ No

National Register? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not HSP, subspecialty designation on license: \_\_\_\_\_

ABPP? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specialty: \_\_\_\_\_

In your accompanying letter (on your letterhead), please describe in detail the nature of your relationship with the applicant, the dates of contact with the applicant, the basis of your knowledge of the applicant's suitability to practice psychology such as the quality of the applicant's performance, education and training, experience, ethics and character. As endorser, you will have personal knowledge of and attest to the applicant's competency in the areas above. Mail your letter directly to the Board of Examiners in Psychology.

Recommended without Reservation: \_\_\_\_\_

Recommended with Reservation: \_\_\_\_\_

Do not recommend: \_\_\_\_\_